10822425

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

Effective October 1, 2003														
CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) (Column 2) TYPE OR											OTHE	R THAN		
Ľ	OTAL CLAIM	S	30	36				RATE	FEE	٦	RATE	FEE		
F	OR		NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.00		BASIC FE			
Ţ	OTAL CHARGE	ABLE CLAIMS	36	% minus 20=		.16		XS 9=		OR	XS18=	708		
IN	DEPENDENT (CLAIMS	19	minus 3 =	6		×		+	1	X86=	000		
M	ULTIPLE DEPE	NDENT CLAIM	PRESENT			. 🗆			-	OR		1566		
• 1	f the differenc	e in column 1	is less than	ess than zero, enter "0" in column 2			'. I	+145=		OR	+290=			
CI AIMO AO AMENORO DAME									L	JOR	TOTAL	V528		
	(I) 27(6 (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMĘNT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
2	Total	. 31	Minus	- 36	2	7		X\$ 9=	-	OR	X\$18=			
AME	Independent	1.9	Minus	1-9		8		X43=	† .	OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=			
/	Z 11 'O							TOTAL			YOTAL			
り	(Column 1) (Column 2) (Column 3)						A	DDIT. FEE	<u> </u>	Jon ,	VDDIT. FEE	·		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
END	Total	24	Minus	1 - X	<u>? </u>			X\$ 9=	•	OR	X\$18=)			
AM	Independent FIRST PRESE	NTATION OF N	Minus ULTIPLE DE	PENDENT	MIAE		L	X43=		OR	X86=			
						ا السال		+145=		OR	+290=	(15.)		
								TOTAL DIT. FEE		OR.	TOTAL	JU		
,		(Column 1)		(Column 2) (Column 3)					•		DD11. CC4			
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAÍD FO	R ISLY	PRESENT EXTRA		Rate	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Tota!	•	Minus	**				X\$ 9=		OR	X\$18=			
	Independent	•	Minus	***		t		X43=		OR -	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT SEE														
11	the "Highest Nur	nber Previously Pa ber Previously Pa	aid For IN TH	IS SPACE IN	ess than	3 enter 3		IT. FEE L			DOTT. FEE			
								•		•				